

CONSTRUCTION PERMIT WORKSHEET

Customer Contact Information-(Where work will be performed)

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

Check One: _____ Single Family
_____ Multi-Family
_____ Commercial
_____ Garage

Plumbing

___ New/Addition

___ Remodel/Repair

___ Reconnect

___ Water Heater

___ Sewer/Service Line Replacement or Repair-**Right of way Required** (*request additional application*)

HVAC

___ Heating

___ Cooling

___ Combined

___ Ductwork

Electric

___ New/Addition

___ Upgrade/Remodel

___ Relocation

___ Other

Contractor Contact Information

Your Name: _____

Contractor's Company Name: _____

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Job Start: _____

Marion County License # (if applicable): _____

Are there any Apartment Units? _____

Square Footage of the Job: _____ SQ. FT.

Number of Levels: _____

Job Cost: \$ _____

Any contractor, who does not request an inspection before work is completed, may be subject to a \$50.00 inspection fee for a return site visit. By signing below, you are acknowledging you have received a copy of the required inspections.

Applicant Signature _____ Date _____